



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH

Date: _____

Facility	Name of Facility:	
	Street Address:	Zip Code:
	Ward: (Check One)	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
	Lot:	Square:
Telephone Number:	Email Address:	
Is this establishment sectarian and/or affiliated with any other organization? If <u>YES</u> , describe:		

Part II – Information About You		
Applicant	Name:	Tax ID Number:
	Street Address:	Telephone Number: ()
	City /State: Zip Code:	E-mail Address:
Applicant	Name:	Tax ID Number:
	Street Address:	Telephone Number: ()
	City /State: Zip Code:	E-mail Address:

Maximum number of children to be cared for	Specify the ages of the children	Specify the hours of operation	Specify calendar months of operation

Property Owner	Name:	Tax ID Number:
	Street Address:	Telephone Number: ()
	City /State: Zip Code:	E-mail Address:

PLEASE RETAIN A COPY FOR YOUR RECORDS

Name of director/person-in-charge:		
first	middle	last
Street Address:		Telephone Number: ()
City/State:	Zip Code:	Email Address:
Experience or training in care of children (briefly describe):		
Give three (3) references (not relatives) who have known the person-in-charge at least three (3) years:		
Name	Address/City/Zip Code	Telephone Number
1.		()
2.		()
3.		()

Other persons to assist the director/person-in-charge:		
Position Title	Number	In What Capacity

I have read the regulations applicable to my facility and I understand that:

1. The license, when granted, will be valid for one (1) year. I can reapply before the year is over to have it renewed.
2. The license must be posted in a location where parents or guardians can see it.
3. The care provided to the children shall, at all times, protect their health, welfare and safety.
4. All health regulations for adults and children shall be met.
5. I shall keep a register showing the children's names and ages, dates accepted, discharged, and the reasons for the discharge, also the parents' and guardians' names and addresses.
6. The Director of the Department of Health or his designated representative shall have the right to inspect the above-mentioned facility and documents kept.
7. Those responsible for failing to comply with regulations shall be fined up to \$650.00.
8. If at any time there is evidence that the health, welfare and /or safety of the children is threatened, the Director of the Department of Health shall, after a hearing, order this license to be revoked.

Signature of Property Owner	Date
Signature of Property Owner	Date

RETURN TO: Department of Health, Health Care Regulation and Licensing Administration, Child and Residential Care Facilities Division, 825 North Capitol Street, NE, Second Floor, Washington, DC 20002 Phone: (202) 442-5929

YOU CAN MAKE A DIFFERENCE! Report violations of fraud, waste, abuse and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING the OIG at (202) 727-9846 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.